

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different
than previously
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

07

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		77804.28
(b) Cash on Hand at Beginning of Reporting Period	86974.31	
(c) Total Receipts (from Line 19)	139291.73	191849.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	226266.04	269653.56
7. Total Disbursements (from Line 31)	19565.95	62953.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	206700.09	206700.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	85515.00	119415.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	53567.75	70625.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	139082.75	190040.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	139082.75	190040.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	208.98	1309.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	139291.73	191849.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	139291.73	191849.28

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	215.95	2758.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	215.95	2758.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	49219.69
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	100.00
29. Other Disbursements.....	4250.00	10875.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19565.95	62953.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19565.95	62953.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	139082.75	190040.25
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	138982.75	189940.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	215.95	2758.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	215.95	2758.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Michael Abbott

Mailing Address 703 Joan Circle

City State Zip Code
 Salem VA 24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12568

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

William Adams

Mailing Address 10350 Carol Street

City State Zip Code
 Great Falls VA 22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13109

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Robert Alford

Mailing Address 2503 Hemingway Drive

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Medical Center

Occupation
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12663

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Kathryn Ashenfelter

Mailing Address 8101 E Dartmouth Ave #106

City State Zip Code
 Denver CO 80231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Med Ctr

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12979

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Donald Avery

Mailing Address 6493 Cape Cod Drive

City State Zip Code
 Columbus GA 31904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughston Orthopedic Hospi-
tal

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12928

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Jeffrey Baiocco

Mailing Address 1431 SW 1st Ave.

City State Zip Code
 Ocala FL 34474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocala Regional Medical Ce-
nter

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12441

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Martha Bakos Mailing Address 11867 Island Ave City State Zip Code Matlacha FL 33993 FEC ID number of contributing federal political committee. C Name of Employer Southwest Florida Regional Medical Ctr Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.13384 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Lynn Barrett Mailing Address City State Zip Code Lee's Summit MO FEC ID number of contributing federal political committee. C Name of Employer Lee's Summit Hospital Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12793 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Michael Basinger Mailing Address 665 Ravel Ct. City State Zip Code Las Vegas NV 89145 FEC ID number of contributing federal political committee. C Name of Employer Sunrise Occupation Interim CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12871 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Kathleen Baudreau

Mailing Address 7875 Poor Mountain Rd

City State Zip Code
Bent Mountain VA 24059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12569

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Les Beard

Mailing Address 1414 Lynchburg Trace

City State Zip Code
Grayson GA 30017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Eastside Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12272

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Eric Becker

Mailing Address 3207 Overlook Drive

City State Zip Code
Nashville TN 37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Medical Center

Occupation
Assoc. Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12670

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Alisa Bert

Mailing Address 11520 NW 35th Street

City State Zip Code
 Sunrise FL 33323

FEC ID number of contributing federal political committee.

C

Name of Employer
University HospitalOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13265

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Carlos Bitar

Mailing Address 8555 SW 113 Court

City State Zip Code
 Miami FL

FEC ID number of contributing federal political committee.

C

Name of Employer
Kendall Regional Medical CenterOccupation
Asst Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12800

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Cindy Boily

Mailing Address 3715 NW 89 Terrace

City State Zip Code
 Cooper City FL 33024

FEC ID number of contributing federal political committee.

C

Name of Employer
Aventura Hospital & Medical CenterOccupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.13037

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Patrick Bolander		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2000 Palmyra Road		
City Albany	State GA	Zip Code 31702
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.12614
Name of Employer Palmyra Hospital		Amount of Each Receipt this Period 350.00
Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00

B. Full Name (Last, First, Middle Initial) Pam Booker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 125 Seminole Lane		
City White House	State TN	Zip Code 37188
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.12668
Name of Employer Centennial Medical Center		Amount of Each Receipt this Period 300.00
Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial) Connie Boudreaux		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 12705 Upper Manatee River Rd		
City Bradenton	State FL	Zip Code 34202
FEC ID number of contributing federal political committee. C		Transaction ID: SA11A1.13506
Name of Employer Blake Medical Center		Amount of Each Receipt this Period 500.00
Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Stephanie Boudreaux

Mailing Address 2411 Snapper Rd

City State Zip Code
 New Iberia LA 70560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dauterue Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13157

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Joe1 Bowman

Mailing Address 9017 Grey Pointe Ct

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
StoneCrest Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12802

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Wendy Brandon

Mailing Address 5655 Frist Blvd.

City State Zip Code
 Hermitage TN 37076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12464

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Barbara Brennan

Mailing Address 116 Jefferson

City State Zip Code
Hendersonville TN 37075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skyline Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13225

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

Tim Breslin

Mailing Address 4901 Dreyfous

City State Zip Code
Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Regional Medical
Cent

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12754

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)

Rebecca Brewer

Mailing Address PO Box 704

City State Zip Code
Allendale SC 29810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colleton Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12961

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Charles Briscoe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 809 82nd Parkway		Transaction ID: SA11A1.12332
City Myrtle Beach	State SC	Zip Code 29572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Grand Strand Regional Med. Ctr	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Carolyn Caldwell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 4230 Forestedge		Transaction ID: SA11A1.12792
City Grand Prairie	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Medical Center of Arlington	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) William Caldwell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 10606 Gravel Neck Drive		Transaction ID: SA11A1.13293
City Chester	State VA	Zip Code 23831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Henrico Doctors Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Wayne Campbell

Mailing Address 1024 Lake Way Drive

City State Zip Code
 Niceville FL 32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Walton Beach Medical
Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12435

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gary Cantrell

Mailing Address 11123 Lands End Chase

City State Zip Code
 Pt St Lucie FL 34986

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Lucie Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13302

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ginger Carroll

Mailing Address 7854 SE 12 Circle

City State Zip Code
 Ocala FL 34474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocala Reg. Med. Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.13563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Pamela Carroll Mailing Address 2505 Lemon Avenue City Bradenton State FL Zip Code 34208 FEC ID number of contributing federal political committee. C Name of Employer Doctors Hospital Sarasota Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: SA11A1.13327 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Alex Chang Mailing Address 500 Trinity Lane 2308 City St Petersburg State FL Zip Code 33716 FEC ID number of contributing federal political committee. C Name of Employer Northside Hospital Occupation Asst Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: SA11A1.13385 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Scott Cihak Mailing Address 11043 NW 3rd Street City Coral Springs State FL Zip Code 33071 FEC ID number of contributing federal political committee. C Name of Employer Palms West Hospital Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 20 / 2006 Transaction ID: SA11A1.13292 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Patsy Coghill Mailing Address 2430 Mt Blanco Rd City Chester State VA Zip Code 23836 FEC ID number of contributing federal political committee. C Name of Employer John Randolph Medical Center Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt MM / DD / YYYY 06 / 15 / 2006 Transaction ID: SA11A1.13100 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Shari Collier Mailing Address 12276 S Crest Dr. City Olathe State KS Zip Code 66061 FEC ID number of contributing federal political committee. C Name of Employer Overland Park Reg. Med. Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: SA11A1.13465 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Jac Connelly Mailing Address 20 S Ash St City Denver State CO Zip Code FEC ID number of contributing federal political committee. C Name of Employer Rose Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.13015 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Timothy Cook

Mailing Address 3778 Hunters Island Dr.

City State Zip Code
 Orlando FL 32837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Osceola Regional Medical
Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12488

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Caroline Corich

Mailing Address 13020 West 136th Street

City State Zip Code
 Overland Park KS 66221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Overland Park Regional

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Cruickshank

Mailing Address 20810 Sonrisa Way

City State Zip Code
 Boca Raton FL 33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13264

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Wayne Dalton

Mailing Address 2795 E 25 S

City State Zip Code
 Layton UT 84040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12405

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Stephen Daugherty

Mailing Address 18978 Cypress View Dr

City State Zip Code
 Ft Myers FL 33912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Florida Regional
Medical Ctr

Occupation
VP Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13301

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Verno Davidson

Mailing Address 1528 Hilltop Road

City State Zip Code
 Dublin GA 31021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Park Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12923

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Joe Davis

Mailing Address 10 Longwood Drive

City State Zip Code
 Shalimar FL 32579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Walton Beach Medical
Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12411

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

B. Sheliahn Davis-Wyatt

Mailing Address 489 N.W. Riven Rock Tr.

City State Zip Code
 Lee's Summit MO 64081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Menorah Medical Center

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13414

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. John Deardorff

Mailing Address 1431 SW 1st Avenue

City State Zip Code
 Ocala FL 34474

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocala Regional Medical Ce-
nter

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12371

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Bryan Dearing Mailing Address 601 S Carlin Springs Rd City State Zip Code Arlington VA 22204 FEC ID number of contributing federal political committee. C Name of Employer Broadlands Regional Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12785 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Earl Denning Mailing Address 11148 Whitehawk City State Zip Code Plantation FL 33324 FEC ID number of contributing federal political committee. C Name of Employer Westside Regional Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.13286 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Georgina Diaz Mailing Address 16133 SW 44 Lane City State Zip Code Miami FL 33185 FEC ID number of contributing federal political committee. C Name of Employer Kendall Regional Medical Center Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12796 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Stephen E. Dixon

Mailing Address 6230 N Pointe Ct

City	State	Zip Code
Aptos	CA	95003

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Jose Medical CenterOccupation
Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	6

Transaction ID: SA11A1.13029

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth Donahey

Mailing Address 1025 Carriage Parc Drive

City	State	Zip Code
Chattanooga	TN	37421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Medical CenterOccupation
Assoc. Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	6

Transaction ID: SA11A1.12349

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Catherine Duffy

Mailing Address 276 Noah Drive

City	State	Zip Code
Franklin	TN	37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Medical CenterOccupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	6

Transaction ID: SA11A1.12660

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Dennis Durham		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2511 Fox Ridge Drive		Transaction ID: SA11A1.13561 Amount of Each Receipt this Period 350.00
City Albany	State Zip Code GA 31707	
FEC ID number of contributing federal political committee. C		
Name of Employer Palmyra Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Michael Ehrat		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 3901 S 7th St.		Transaction ID: SA11A1.12686 Amount of Each Receipt this Period 350.00
City Terre Haute	State Zip Code IN 48702	
FEC ID number of contributing federal political committee. C		
Name of Employer Terre Haute Hospital	Occupation Dir.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Lester Eljaiek		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 15551 SW 151 Street		Transaction ID: SA11A1.13392 Amount of Each Receipt this Period 250.00
City Miami	State Zip Code FL 33196	
FEC ID number of contributing federal political committee. C		
Name of Employer Aventura Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Eric Evans Mailing Address 4840 Hwy 22 Apt 3-2Z City State Zip Code Mandeville LA 70471 FEC ID number of contributing federal political committee. C Name of Employer Occupation Lakeview Medical Center COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.12760 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Alan Fabian Mailing Address 216 Cresthill Drive City State Zip Code Youngsville LA 70592 FEC ID number of contributing federal political committee. C Name of Employer Occupation Dauterive Hospital CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt MM / DD / YYYY 06 / 20 / 2006 Transaction ID: SA11A1.13156 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Jeff Fee Mailing Address 3271 Enclave Bay Drive City State Zip Code Chattanooga TN 37415 FEC ID number of contributing federal political committee. C Name of Employer Occupation Parkridge Medical Center CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: SA11A1.12340 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Kenneth Feiler Mailing Address 1130 E Ida Ave City Englewood State CO Zip Code 80111 FEC ID number of contributing federal political committee. C Name of Employer Rose Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.13014 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Linda Fisher Mailing Address 5642 Warwood City Roanoke State VA Zip Code 24018 FEC ID number of contributing federal political committee. C Name of Employer Lewis-Gale Medical Center Occupation E & C Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: SA11A1.12578 Amount of Each Receipt this Period 225.00
C. Full Name (Last, First, Middle Initial) W. Raymond Ford Mailing Address 8109 Seve Mile Drive City Ponte Vedra Beach State FL Zip Code 32082 FEC ID number of contributing federal political committee. C Name of Employer Specialty Hosp. Jacksonville Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.12897 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Richard Frank Mailing Address 2844 67th Way No City State Zip Code St Petersburg FL 33710 FEC ID number of contributing federal political committee. C Name of Employer Edward White Hospital Occupation VP Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.13453 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Dan Freidrich Mailing Address 7208 19th Ave NW City State Zip Code Bradenton FL 34209 FEC ID number of contributing federal political committee. C Name of Employer Blake Medical Center Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12383 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Debbie Gafford Mailing Address 5721 West 119th St City State Zip Code Overland Park KS 66209 FEC ID number of contributing federal political committee. C Name of Employer Menorah Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.13416 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Todd Gallati

Mailing Address 449 W 23rd Street

City State Zip Code
Panama City FL 32405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Coast Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13407

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. C. Shayne George

Mailing Address 779 Sparkleberry Road

City State Zip Code
Evans GA 30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hospital Augusta

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12319

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Gilbert

Mailing Address 385 Tolak Rd

City State Zip Code
Aptos CA 95003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Med Ctr San Jose

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.13011

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Kathryn Gillette		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 3199 Sterling Street		Transaction ID: SA11A1.13063
City State Zip Code Tarpon Springs FL 34688	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Beverly Gilmore		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 7300 Medical Center Drive		Transaction ID: SA11A1.12442
City State Zip Code West Hills CA	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Hills Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Cindy Glover		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 289 K Carter Lane		Transaction ID: SA11A1.13124
City State Zip Code Weems VA 22576	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCA Reston Hospital Center	Occupation VP/CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Karleen Goerke Mailing Address 501 E Hampden Ave. City Englewood State CO Zip Code 80113 FEC ID number of contributing federal political committee. C Name of Employer Swedish Medical Center Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.12980 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Allen Golsen Mailing Address 109 Fairway Run City Forsyth State GA Zip Code FEC ID number of contributing federal political committee. C Name of Employer Coliseum Medical Ctr. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: SA11A1.12451 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Sonia Gonzalez Mailing Address 11375 Cortez Blvd. City Spring Hill State FL Zip Code 34613 FEC ID number of contributing federal political committee. C Name of Employer Oak Hill Hospital Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: SA11A1.13472 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Robert Grace		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 11375 Cortez Blvd.		Transaction ID: SA11A1.13475
City Spring Hill	State FL	Zip Code 34613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Oak Hill Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) O.Lee Gray		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 720 Rincon Abbey Court		Transaction ID: SA11A1.12313
City Martinez	State GA	Zip Code 30907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Doctors Hosp. Augusta	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Randy Gross		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1847 Wedgewood Way		Transaction ID: SA11A1.12486
City Kissimmee	State FL	Zip Code 34746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Osceola Regional Medical Ctr	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1350.00

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or each category of the
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
 Patricia Guyton
 Mailing Address 424 North Main St.

City State Zip Code
 Cedartown GA 30125

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Polk Medical Center

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12743

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
 Rosemarie Hayes
 Mailing Address 2100 N. Ocean Blvd # 10-B

City State Zip Code
 FT. Lauderdale FL 33305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Westside Regional Med. Ct-
 r.

Occupation
 CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13288

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 Neil Heatherly
 Mailing Address 1821 Grey Pointe Dr

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 StoneCrest Medical Center

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12905

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Katherine Hebert
Mailing Address 715 Mallard Cove

City State Zip Code
New Iberia LA 70563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dauterive Hospital

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13161

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)
Aleta Henderson
Mailing Address 2203 Bridle Ct

City State Zip Code
Phenix City AL 36867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors of Columbus

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.13034

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Thomas Herron
Mailing Address 2127 Muirfield Way

City State Zip Code
Oldsmar FL 34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centennial Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12659

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Debra Herwaldt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 9429 Steeplehill Dr		Transaction ID: SA11A1.12543
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer MountainView Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Kevin Hicks		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 10115 Howe Drive		Transaction ID: SA11A1.13468
City Leawood	State KS	Zip Code 66206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Overland Park Regional Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Scott Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 581 Fed Lane		Transaction ID: SA11A1.13298
City Manakin-Sabot	State VA	Zip Code 23103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Henrico Doctors Hospital	Occupation Assoc Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) James III Hiott		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 310 Silverhill Rd		Transaction ID: SA11A1.12960
City Walterboro	State SC	Zip Code 29488
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Colleton Medical Center	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Steve Hoelscher		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 101 SO First Ave.		Transaction ID: SA11A1.12742
City Iola	State KS	Zip Code 66749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Allen County Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) Michael Houston		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 1037 NW 124th Ave		Transaction ID: SA11A1.13299
City Coral Springs	State FL	Zip Code 33071
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Aventura Hospital & Medical Center	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

1450.00

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) David Hughes Mailing Address 21 Jasmine Ct City State Zip Code Plantation FL 33317 FEC ID number of contributing federal political committee. C Name of Employer Occupation Plantation General Hospital CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.13266 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Penny Hutson Mailing Address 205 Fern Hollow City State Zip Code Youngsville LA 70592 FEC ID number of contributing federal political committee. C Name of Employer Occupation Southwest Medical Center CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12738 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Valerie Jackson Mailing Address 6815 Cypress Cove City State Zip Code Jupiter FL 33458 FEC ID number of contributing federal political committee. C Name of Employer Occupation Columbia Hospital CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12826 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Glenn Jacobs

Mailing Address 7334 Candlelight Court

City State Zip Code
 New Port Richey FL 34652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hospital

Occupation
Asst Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.13061

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Anne Jamieson

Mailing Address PO Box 399

City State Zip Code
 Byfield MA 01922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkland Med. Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13232

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Joe Jeans

Mailing Address 1 Alleghany Reg. Hospital Lane

City State Zip Code
 Low Moor VA 24457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alleghany Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.13053

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Theresa Jefferson

Mailing Address 1101 Tranquiview Lane

City State Zip Code
 Valrico FL 33594

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Bay Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13386

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Boone Johnson

Mailing Address 106 Ashley Hill Drive

City State Zip Code
 Charleston SC

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident Health

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13245

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Cyndi Johnson

Mailing Address 620 E Gregory Blvd

City State Zip Code
 Kansas City MO 64131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Lutheran Medical
Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13417

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Jane Johnston		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO Box 9697		Transaction ID: SA11A1.13399
City Panama City BCH	State FL	Zip Code 32417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Gulf Coast Med. Ctr.	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Anna Jonason		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 428		Transaction ID: SA11A1.12962
City Goose Creek	State SC	Zip Code 29445
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Colleton Medical Center	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Garry Karsner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 728 SE 8th Street		Transaction ID: SA11A1.12363
City Ocala	State FL	Zip Code 34471
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ocala Regional Med. Ctr.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Leslie Kelsay		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2342 Park Avenue		Transaction ID: SA11A1.12504
City State Zip Code Santa Clara CA 95050	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Good Samaritan Hosp.	Occupation Director Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Richard Kennedy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 20900 Biscayne Blvd.		Transaction ID: SA11A1.13391
City State Zip Code Aventura FL 33180	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Aventura Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mary Ann Knight		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 220 Westwinds Drive		Transaction ID: SA11A1.13068
City State Zip Code Palm Harbor FL 34683	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Hospital	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Todd Krass

Mailing Address 8006 W 113th St.

City State Zip Code
Overland Park KS 66210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Research Psychiatric Cent-
er

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12352

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Evert Kuiper

Mailing Address 11385 Strathmoore Loop

City State Zip Code
Estero FL 33928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Florida Regional
Medical Ctr

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.13036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Max Laudedale

Mailing Address 108 Acadian Lane

City State Zip Code
Mandeville LA 70448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lakeview Regional Med. Ct-
r.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12767

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Robert Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1800 SE Tiffany Ave		Transaction ID: SA11A1.12509
City Pt St Lucie	State FL	Zip Code 34952
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St Lucie Medical Center	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Brenda Logan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 11842 Keswick Way		Transaction ID: SA11A1.12827
City West Palm	State FL	Zip Code 33412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Columbia Hospital	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Doug Lockett		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 7940 Century Oak Drive		Transaction ID: SA11A1.13035
City Sarasota	State FL	Zip Code 34241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Doctors Hospital of Sarasota	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Neal Manuel		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 113 S. Myers		Transaction ID: SA11A1.13159
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Dauterive Hospital	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Peter Marmenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 3306 Monument Avenue		Transaction ID: SA11A1.13223
City Richmond	State VA	Zip Code 23221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CJW Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Victor Maya		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 7348 SW 120th Court		Transaction ID: SA11A1.12799
City Miami	State FL	Zip Code 33183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kendall Regional Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Nancy Maysilles Mailing Address One Park Plaza City Nashville State TN Zip Code 37203 FEC ID number of contributing federal political committee. C Name of Employer Community Hospital Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.13322 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		3	0		2	0	0	6																							
500.00																																
B. Full Name (Last, First, Middle Initial) Isabella McCarthy Mailing Address 4567 E 9th Ave City Denver State CO Zip Code 80220 FEC ID number of contributing federal political committee. C Name of Employer Rose Medical Center Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.13016 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	2		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) David McClung Mailing Address 9659 Kemper Dr City Lone Tree State CO Zip Code 80124 FEC ID number of contributing federal political committee. C Name of Employer Presbyterian/St Luke's Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.13190 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">240.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	0		2	0	0	6	240.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	0		2	0	0	6																							
240.00																																

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Bob Meade Mailing Address 1355 Bayshore Drive City State Zip Code Englewood FL 34223 FEC ID number of contributing federal political committee. C Name of Employer Englewood Community Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.13335 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Pete Mercer Mailing Address 1247 Camilla Circle City State Zip Code Weston FL 33321 FEC ID number of contributing federal political committee. C Name of Employer Osceola Regional Med. Ctr. Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12492 Amount of Each Receipt this Period 400.00
C. Full Name (Last, First, Middle Initial) Roland Metivier Mailing Address 10076 Waltzing Lane City State Zip Code Seminole FL 33778 FEC ID number of contributing federal political committee. C Name of Employer Edward White Hospital Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.13452 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Dean Miller Mailing Address 2300 Patterson St. City State Zip Code Nashville TN 37203 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.13108 Amount of Each Receipt this Period 25.00
Name of Employer Occupation Centennial Medical Center healthcare Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00			
B. Full Name (Last, First, Middle Initial) Paula Mitchell Mailing Address 2320 Mt Vernon Rd City State Zip Code Roanoke VA 24015 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12591 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Lewis-Gale Medical Center VP Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00			
C. Full Name (Last, First, Middle Initial) Stacy Modlin Mailing Address 1844 NW 82nd Ave City State Zip Code Coral Springs FL 33071 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12727 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Northwest Med. Ctr. CNO Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Kathy Moore Mailing Address 14980 Oma St City Caldwell State ID Zip Code 83605 FEC ID number of contributing federal political committee. C Name of Employer West Valley Med. Ctr. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12745 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) David Nicely Mailing Address 380 Abble Rd City Murfreesboro State TN Zip Code 37128 FEC ID number of contributing federal political committee. C Name of Employer Stonecrest Med. Ctr. Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.13027 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Steve Otto Mailing Address 1363 Panini Drive City Henderson State NV Zip Code 89052 FEC ID number of contributing federal political committee. C Name of Employer Sunrise Hospital Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12880 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Walter Pannone

Mailing Address 10577 Woodland Waters

City State Zip Code
 Weeki Wachee FL 34613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Hill Hospital

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13473

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Priscilla Parrish

Mailing Address 1898 Dolphin Blvd S

City State Zip Code
 St Petersburg FL 33707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blake Medical Center

Occupation
Sr VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12395

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Pennie Peralta

Mailing Address 223 Hunter Creek Dr.

City State Zip Code
 Charleston SC 29414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trident Health Systems

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12786

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) James Perod Mailing Address 1295 Dale Circle West City Dunedin State FL Zip Code 34698 FEC ID number of contributing federal political committee. C Name of Employer Largo Medical Center Occupation ED Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.13267 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Daniel Perritt Mailing Address 3 El Niguel Court City Henderson State NV Zip Code 89052 FEC ID number of contributing federal political committee. C Name of Employer Sunrise Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12881 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Anita Peterson Mailing Address 711 Kelly Drive City Lebanon State TN Zip Code 37087 FEC ID number of contributing federal political committee. C Name of Employer Centennial Medical Center Occupation Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12664 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
William Piche`
Mailing Address 14118 Saratoga Avenue

City State Zip Code
Saratoga CA 95070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12500

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Joanne Plumlee
Mailing Address 5401 SW 104 Ave

City State Zip Code
Miami FL 33165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kendall Regional Med. Ctr.

Occupation
Nurse Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12801

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Tim Prestridge
Mailing Address 424 North Main St.

City State Zip Code
Cedartown GA 30125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polk Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12744

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Jane Raymond Mailing Address 20338 Clifton Points Street City Potomac Falls State VA Zip Code 20165 FEC ID number of contributing federal political committee. C Name of Employer HCA Reston Hospital Center Occupation VP/COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 06 / 20 / 2006 Transaction ID: SA11A1.13140 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) James Raynor Mailing Address 1700 Murphy Lane City Dublin State GA Zip Code 31021 FEC ID number of contributing federal political committee. C Name of Employer Fairview Park Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.12927 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Deborah Reiner Mailing Address 5452 West 136 80 South City Riverton State UT Zip Code 84065 FEC ID number of contributing federal political committee. C Name of Employer HCA Mountain Division Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt MM / DD / YYYY 06 / 12 / 2006 Transaction ID: SA11A1.12982 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Angela Reynolds

Mailing Address 1665 Turnberry Lane

City State Zip Code
 Riner VA 24149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis Gale Med. Ctr.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12612

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Terika Richardson

Mailing Address 12001 Market St.

City State Zip Code
 Reston VA 20190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reston Hospital

Occupation
Assoc. Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.13143

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Heather Rohan

Mailing Address 1616 Breakers W Blvd

City State Zip Code
 West Palm Beach FL 33411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palms West Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Glenn Romig		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 10549 Greensprings Drive		Transaction ID: SA11A1.13067
City State Zip Code Tampa FL 33626	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Community Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Sharon Roush		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 9015 Winged Foot Drive		Transaction ID: SA11A1.13277
City State Zip Code Tallahassee FL 32312	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Capital Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Keith Sandlin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 52 Comanuhe Trail		Transaction ID: SA11A1.12559
City State Zip Code Cartersville GA 30120	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cartersville Med. Ctr.	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Richard Satcher		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1971 Muirfield Way		Transaction ID: SA11A1.13348
City Oldsmar	State FL	Zip Code 34677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer St Petersburg General Hospital	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Chuck Schwaner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1198 Bayshore Drive		Transaction ID: SA11A1.12471
City Englewood	State FL	Zip Code 34223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Englewood Community Hosp.	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Gary Searls		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 10101 Cannon Drive		Transaction ID: SA11A1.13338
City Riverview	State FL	Zip Code 33569
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer South Bay Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Ted Short

Mailing Address 209 Earlwood Drive

City State Zip Code
Dublin GA 31021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Park Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12924

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Barbara Simmons

Mailing Address 9804 NW 9th Ct

City State Zip Code
Plantation FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plantation General Hospital

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13368

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mauricio Sirvent

Mailing Address 14701 Kirsten Court

City State Zip Code
Davie FL 33325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kendall Regional Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12797

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Dolores Skaare Mailing Address 5801 SW 16th Ct City Plantation State FL Zip Code 33317 FEC ID number of contributing federal political committee. C Name of Employer Plantation General Hospital Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: SA11A1.13369 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Micki Slingerland Mailing Address 1121 Tyne Blvd City Nashville State TN Zip Code 37220 FEC ID number of contributing federal political committee. C Name of Employer Centennial Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: SA11A1.12661 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mickey Smith Mailing Address 11375 Cortez Blvd. City Spring Hill State FL Zip Code 34613 FEC ID number of contributing federal political committee. C Name of Employer Oak Hill Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: SA11A1.13471 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Elaine Stack Mailing Address 5993 W. Dogwood Drive City State Zip Code Crestview FL 32536 FEC ID number of contributing federal political committee. C Name of Employer Fort Walton Med. Ctr. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.12412 Amount of Each Receipt this Period 400.00
B. Full Name (Last, First, Middle Initial) Amy Stevens Mailing Address 3186 S Maryland Pwy. City State Zip Code Las Vegas NV 89109 FEC ID number of contributing federal political committee. C Name of Employer Sunrise Hospital Occupation Mkt. VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.12890 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ed Stojakovich Mailing Address 638 Nalls Farm Way City State Zip Code Great Falls VA 22066 FEC ID number of contributing federal political committee. C Name of Employer HCA Reston Hospital Center Occupation VP/CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.13151 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

David Summers

Mailing Address 3901 S 7th St.

City State Zip Code
 Terre Haute IN 47802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Terre Haute Regional

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12662

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mary Lynn Swartz

Mailing Address 2801 N SR 7

City State Zip Code
 Margate FL 33063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Medical

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12725

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Karen Swim

Mailing Address 555 Kathryn Place Road

City State Zip Code
 Appling GA 30802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Hospital Augusta

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12320

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Maureen Tarrant		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 10101 Ridgeway Parkway		Transaction ID: SA11A1.13565
City State Zip Code Lone Tree CO 80124	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Sky Ridge Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) James Thweatt		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 135 Ferrum Drive		Transaction ID: SA11A1.12600
City State Zip Code Salem VA 24153	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lewis-Gale Medical Center	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mitch Tibbitts		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1017 Whisperwood Cove		Transaction ID: SA11A1.12984
City State Zip Code Kaysville UT 84037	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer HCA Utah Division	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Keith Tintle
Mailing Address 54 Cascade Ave

City State Zip Code
Alpine UT 84004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timpanogos Regional Med.
Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12936

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Timothy C. Tobin
Mailing Address 315 Dickerson Place

City State Zip Code
Richlands VA 24641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinch Valley Medical Cen-
ter

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.13049

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)
Charlotte Tyson
Mailing Address 1720 Asbury Drive

City State Zip Code
Roanoke VA 24012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lewis-Gale Medical Center

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12602

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Jerri Underwood

Mailing Address 6931 Lakeshore Drive

City State Zip Code
 Chattanooga TN 37416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkridge Med. Ctr.

Occupation
CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12347

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Oon Soo Ung

Mailing Address 8419 Aliater B.W.

City State Zip Code
 Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Hospital

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.12828

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kyle Viator

Mailing Address 712 Emmeline St

City State Zip Code
 New Iberia LA 70563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Med. Ctr.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12737

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Lynne Wagner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 4567 E 9th Ave.		Transaction ID: SA11A1.13017
City State Zip Code Denver CO 80220	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rose Medical Center	Occupation CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Frank Walton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 9500 Waterfall Road		Transaction ID: SA11A1.12345
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Parkridge Med. Ctr.	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Heyward Wells		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 4242 Quail Springs Circle		Transaction ID: SA11A1.13219
City State Zip Code Martinez GA 30907	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Doctors Hospital of Augusta Inc	Occupation AVP/Productivity	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Bud Wethington

Mailing Address 16863 Fox Den

City State Zip Code
 Ft Myers FL 33908

FEC ID number of contributing federal political committee.

C

Name of Employer
Southwest Florida Regional
Medical CtrOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12656

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)

Mary White

Mailing Address 5379 S. Geneva Street

City State Zip Code
 Englewood CO 80111

FEC ID number of contributing federal political committee.

C

Name of Employer
Swedish Medical CenterOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.12295

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Steven Wilkinson

Mailing Address 5721 West 119th Street

City State Zip Code
 Overland Park KS 66209

FEC ID number of contributing federal political committee.

C

Name of Employer
Menorah Medical CenterOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.13413

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 72

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Susan Willoughby

Mailing Address 9225 SW 19th Avenue

City	State	Zip Code
Ocala	FL	34476

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ocala Regional Med. Ctr.Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	6

Transaction ID: SA11A1.12374

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Hugh D. Wilson

Mailing Address 7401 Rollingbend Court

City	State	Zip Code
Columbus	GA	31904

FEC ID number of contributing
federal political committee.**C**Name of Employer
Doctors Hospital ColumbusOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	0	6

Transaction ID: SA11A1.13030

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Wolf

Mailing Address 2300 Patterson St.

City	State	Zip Code
Nashville	TN	37203

FEC ID number of contributing
federal political committee.**C**Name of Employer
Centennial Medical CenterOccupation
VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	6

Transaction ID: SA11A1.12665

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Larry Wummer			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 801 SW 16th Court Apt# 9			Transaction ID: SA11A1.13396	
City State Zip Code Ft. Lauderdale FL 33316		Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C				
Name of Employer Aventura Hospital		Occupation Controller		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Vincent Wyatt			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2030 Kildore Circle			Transaction ID: SA11A1.12434	
City State Zip Code Niceville FL 32578		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C				
Name of Employer Fort Walton Beach Medical Center		Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

85515.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 72

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1309.03

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 6

Transaction ID: SA17.13502

Amount of Each Receipt this Period

208.98

interest

SUBTOTAL of Receipts This Page (optional)

208.98

TOTAL This Period (last page this line number only)

208.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.13503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

215.95

SUBTOTAL of Disbursements This Page (optional)

215.95

TOTAL This Period (last page this line number only)

215.95

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. BARRETT FOR CONGRESS

Mailing Address P.O. Box 869
PO BOX 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement
campaign

Candidate Name
BARRETT FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: SB23.13497

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CAPITO, SHELLEY MOORE

Mailing Address 2 COMSTOCK PLACE
H0WV02138

City CHARLESTON State WV Zip Code 25314

Purpose of Disbursement
contribution

Candidate Name
CAPITO, SHELLEY MOORE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: SB23.13499

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Coloradons for Rick O'Donnell

Mailing Address PO Box 260693

City Lakewood State CO Zip Code 80226

Purpose of Disbursement
contribution

Candidate Name
Coloradons for Rick O'Donnell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 7

Transaction ID: SB23.13496

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. COOPER FOR CONGRESS COMMITTEE

Mailing Address co Davidson & Golden P.O. Box 927

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
contribution

Candidate Name
COOPER FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 05

Transaction ID: SB23.13485

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Clay Shaw

Mailing Address 2408 Rayburn House Office Bldg.

City Washington State DC Zip Code 20515

Purpose of Disbursement
contribution

Candidate Name
Friends of Clay Shaw

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.13482

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARY BONO COMMITTEE

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement
contribution

Candidate Name
MARY BONO COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: SB23.13487

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. SPRATT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 830

City
YORK

State
SC

Zip Code
29745

Purpose of Disbursement
campaign

Candidate Name
SPRATT FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.13500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. STRAIGHT TALK AMERICA

Mailing Address 211 NORTH UNION STREET SUITE 200

City
ALEXANDRIA

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.13480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. The Future PAC

Mailing Address Attn: Sandra Long, Treasurer
 ABR PO Box 27103

City
Baltimore

State
MD

Zip Code
21230

Purpose of Disbursement
event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.13493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. TRENT LOTT FOR MISSISSIPPI

Mailing Address PO BOX 22824

City
JACKSON

State
MS

Zip Code
39225

Purpose of Disbursement
contribution

Candidate Name
TRENT LOTT FOR MISSISSIPPI

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID: SB23.13483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	6

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Bredezen for Governor

Mailing Address 511 Union Street, Ste 1640

City Nashville State TN Zip Code 37219

Purpose of Disbursement
contribution

Candidate Name
Bredezen for Governor

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: SB29.13495

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Friends of Bob McKee

Mailing Address PO Box 585

City Athens State TN Zip Code 37371

Purpose of Disbursement
contribution

Candidate Name
Friends of Bob McKee

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 23

Transaction ID: SB29.13491

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Re-Elect Mike Harrison

Mailing Address 115 Green Acres Drive

City Rogersville State TN Zip Code 37857

Purpose of Disbursement
contribution

Candidate Name
Re-Elect Mike Harrison

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 9

Transaction ID: SB29.13489

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Tennessee Democratic Party

Mailing Address 223 8th Avenue North Suite 200

City
Nashville

State
TN

Zip Code
37203

Purpose of Disbursement
Governor's Reception

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB29.13492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

4250.00